

### CRITERIA FOR PRIOR AUTHORIZATION

Synagis® (palivizumab)

**PROVIDER GROUP:** Pharmacy  
Professional

**MANUAL GUIDELINES:** The following drugs require prior authorization:  
Palivizumab (Synagis)

**CRITERIA for First RSV Season** (Must meet all of the following)

- Treatment is being administered at the start or within the RSV season (based on geographical area) November 1 thru March 31
- Doses must not be administered more frequently than every 30 days
- Maximum of 5 monthly doses
- Patient is less than 12 months of age at the start of the RSV season
- After initial dose and prior to each monthly refill, Synagis status form must be returned with date of last injection and current weight
- Patient must meet one of the following:
  - Patient was born before 29 weeks of gestation
  - Patient has Chronic Lung Disease (CLD) AND was born before 32 weeks, 0 days gestation AND required >21% oxygen for at least 28 days after birth
  - Patient has a diagnosis of Cystic Fibrosis AND clinical evidence of CLD or nutritional compromise
  - Patient has moderate-to-severe pulmonary hypertension
  - Patient has acyanotic congenital heart disease (CHD) who have not had or completed surgical correction
  - Patient has acyanotic CHD and receives medication to control CHD regardless of surgical status
  - Patient has a neuromuscular condition that compromises the handling of respiratory tract secretions: infantile paralysis, cerebral degenerations, myoclonus, spinocerebellar disease, Werdnig-Hoffman disease, Spinal muscular atrophy and motor neuron disease.
  - Patient is undergoing a cardiac transplantation during the RSV season
  - Patient is profoundly immunocompromised during the RSV season

Discontinue monthly prophylaxis if a patient receiving prophylaxis experiences a breakthrough RSV hospitalization

**LENGTH OF APPROVAL:** Up to 5 monthly doses

**CRITERIA for Second RSV Season** (must meet all of the following)

- Treatment is being administered at the start or within the RSV season (based on geographical area) November 1 thru March 31
- Doses must not be administered more frequently than every 30 days
- Maximum of 5 monthly doses
- Patient is less than 24 months of age at the start of the RSV season
- After initial dose and prior to each monthly refill, Synagis status form must be returned with date of last injection and current weight
- Patient must meet one of the following:
  - Patient has CLD AND was born before 32 weeks, 0 days gestation AND required at least 28 days of oxygen after birth AND continues to require supplemental oxygen, chronic systemic corticosteroid therapy, or bronchodilator therapy within 6 months of the start of their second RSV season
  - Patient has a diagnosis of Cystic Fibrosis AND severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest radiography or chest computed tomography that persist when stable)
  - Patient has a diagnosis of Cystic Fibrosis and weight for length less than 10<sup>th</sup> percentile
  - Patient is undergoing a cardiac transplantation during the RSV season
  - Patient is profoundly immunocompromised during the RSV season

Discontinue monthly prophylaxis if a patient receiving prophylaxis experiences a breakthrough RSV hospitalization

**LENGTH OF APPROVAL:** Up to 5 monthly doses